AS OF 09/30/06	MEDICAID MANAGEMENT INFORMATION SYSTEM			RUN DATE 09/23/06
		TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 09/30/06)		
CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF	TOTAL
	SERVED	CLAIMS	SERVICE	PAYMENT
INPATIENT	53,897	18,352	110,593	\$95,784,957.28
OUTPATIENT	230,384	219,715	8,055,100	\$42,685,698.57
CHILD PART HOSP CHILD DAY TREATMENT	1	0	0	\$422.80- \$0.00
ADULT PART HOSP ADULT DAY TREATMENT	0	0	0 46	\$0.00 \$709.32
SKILLED NURSING FACILITY INTERMEDIATE CARE FACILITY	1,485	2,221	25,936	\$4,634,827.16
	15,274	41,639	1,209,527	\$103,674,420.01
INTER CARE MENTAL RETARDA	2,206	6,534	194,564	\$61,702,400.70
NURSING FAC FOR MENTAL ILL	43	114	3,366	\$815,057.97
HOME HEALTH	14,564	32,756	581,697	\$22,092,179.47
LEAD INSPECTION AGENCY PHYSICIAN	35	36	37	\$14,947.99
	189,725	625,718	896,120	\$76,655,568.44
CLINIC SERVICES	37,093	70,283	65,930	\$7,871,768.51
MEP CASE MANAGEMENT	2	O	O	\$1,510.20
LAB AND RADIOLOGICAL	64,240	40,117	66,934	\$1,228,454.41

10,128

6,992

4,923

2,102

0

0

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978,359

29,889

46,190

15.012

380,163

41,917

93.292

58,570

10,350

2,728

5,808

76,756

35,475

39,211

14,193

2,171

4,176

5,876

862

175

47,539

51,607

9,005

11,095

2

841,487

182,188

527,302

873,948

30,062

46,127

15.012

380,129

4,573,448

852,910

92,002

12,545

104,463

77.719

37,278

48,965

17,391

57,378

13.367

166,706

17,190

9,516

1,847,159

1,005,154

303,079

113,709

41,917

841,487

6,907

3.731

0

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2,929

5,610

1,471

164,662

17,721

40,306

5,653

6,073

30,762

20,702

2,863

1,332

54,436

27,855

13,886

10.038

605

724

5,147

2,173

9,293

8,829

2.326

244

45

668

143,614

288,279

585

0

0

1

1

IOWA DEPARTMENT OF HUMAN SERVICES

PAGE

\$9,160,769.50

\$2,269,220.02

\$51,085,853.49

\$2,060,927.91

\$3,936,105.96

\$2,380,894.76

\$1,814,157.57

\$9,950,422.54

\$3,519,959.88

\$2,624,630.90

\$6,769,021.21

\$10,500,080,54

\$1,947,355.37

\$1,212,765.35

\$2,967,665.96

\$1,282,969.21

\$65,207,869.31

\$11,235,689.43

\$4,712,925,70

\$516,328,63

\$730,843.69

\$440,364.18

\$506,888.73

\$96,569.70

\$5,014.25

\$551,544.22

\$760,136.08

\$24,128,372.09

\$821,592.44

\$81,688.48

\$0.00

\$0.00

\$0.76-

\$388.69-

1

IAMM2200-R003 (MR-0-12)

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

ILL & HANDICAPPED WAIVER SVCS

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

AMBULANCE SERVICES

PRESCRIBED DRUGS

IOWA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

ELDERLY WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

IAMM2	200-R003	(MR-O-12)
AS OF	09/30/06	

UNASSIGNED

\* ALL CATEGORIES \*

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 09/23/06

> TOTAL PAYMENT

\$7,366,885.74

\$4,017,785.49

\$651,824,986.11

\$0.00

TITLE XIX REPORT OF EXPENDITURES

0

(BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 09/30/06)

0

3,912,828 23,538,966 \*\*\* END OF REPORT \*\*\*

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE
COUNTY OFFICE REIMBURSEMENT	0	0	0
MEP SERVICES	10,165	29,288	30,325

2,284

390,876